PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademy Coffice, U.S. Department of the property of the pro

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/786,288			ing Date 26/2004	To be Mailed
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY											
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A	LD NO	N/A	ı	N/A	122(0)		N/A	1 (0)
	SEARCH FEE		N/A		N/A	i	N/A			N/A	
	(37 CFR 1.16(k), (j), (EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	is	minus 3 = *			ı	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	ts of pape 50 (\$125 ional 50 s S.C. 41(	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
Ш	MULTIPLE DEPEN			TOTAL							
* If the difference in column 1 is less than zero, enter "0" in column 2.									ı	TOTAL	L
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY											
AMENDMENT	12/31/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 35	Minus	<b>~</b> 38	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 7	Minus	···7	= 0	ı	x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
	_					•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**		l	x \$ =		OR	x s =	
M	Independent (37 CFR 1.16(h))		Minus	***		1	x \$ =		OR	x \$ =	
딦	Application Size Fee (37 CFR 1.16(s))										
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE of 22 and 37 CER 1.4. If this collection is estimated to state 2 relativeste to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeopositons for excluding this burdon, allowed be sent to the CEMPT (information Officer, U.S. Patterni and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patternity, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patternity, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patternity, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patternity, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patternity and Commissioner for Patternity an